



# SCHOOL CORPORATION VISION SCREENING REPORT

State Form 5888 (R / 2-00) / SDH30-018

INDIANA STATE DEPARTMENT OF HEALTH

Local Liaison Office

School Corporation Name				School Year of this Report			
School Corporation Number					Name of Person Completing This Report:		
Name of County		County Number			Title of Person Completing This Report		
City							
Number of Elementary and Middle Schools in Corporation			Number of Schools Included in Report			Telephone Number (       )	

**NOTE: SEE GUIDELINES ON BACK**

	1	2	3	4	5	6
GRADE	TOTAL NUMBER SCREENED	POSITIVE FINDINGS REFERRED TO DOCTOR	RECEIVING PROFESSIONAL TREATMENT	SAW DOCTOR TREATMENT NOT NEEDED	* REFERRALS NOT YET COMPLETED	REFERRALS COMPLETED FROM LAST YEAR
K						
1						
3						
8						
OTHERS						
TOTALS **						

\*Major reason for incomplete referrals this year:

Modified clinical technique (MCT) used?

☐ Yes ☐ No (circle grades: K 1 3 8)

If not MCT, method used:

(circle grades: K 1 3 8 Others)

If not MCT, waiver received?

☐ Yes ☐ No

School year

20

## RETURN TO:

**INDIANA STATE DEPARTMENT OF HEALTH  
LOCAL LIAISON OFFICE**

2 North Meridian Street 8-B

Indianapolis, IN 46204

Telephone: (317) 233-7404

FAX: (317) 7761

\*\* Please submit **total** numbers for school **corporation** on **one** form.

Be sure to fill in the school corporation number on form.

**PLEASE RETURN THIS FORM NO LATER THAN JUNE 1.**

## GUIDELINES FOR COMPLETING THE VISION SCREENING REPORT

### Column 1: Total Number Screened

Record the number of students screened in each category this year.

**PLEASE NOTE:** *The law states that children enrolled in either Kindergarten or Grade 1, and Grades 3, and 8 must be screened. Since many school nurses are screening Kindergarten and Grade 1, or both are included as a special line item. All other grades should be recorded under the "Other" category.*

### Column 2: Positive Findings Referred

Record the number of students who have failed the screening test this year. This number includes referrals made to doctors by all professionals doing vision screening in the school corporation.

### Column 3: Receiving Professional Treatment

Record the number of students screened this year that were referred from Column 2 who are receiving treatment.

### Column 4: Saw Doctor, Treatment Not Needed

Record the number of students referred this year who were examined by a doctor and no treatment is necessary.

### Column 5: Referrals Not Yet Completed

Record the number of students who have not yet seen a doctor and a treatment has not been implemented, or parents have not responded to referral request.

### Column 6: Referral Completed From Last Year

Record the number of students referred from previous school year who have seen a doctor to complete the referral this school year.

**NOTE:**  $\text{Column 2} = 3 + 4 + 5$